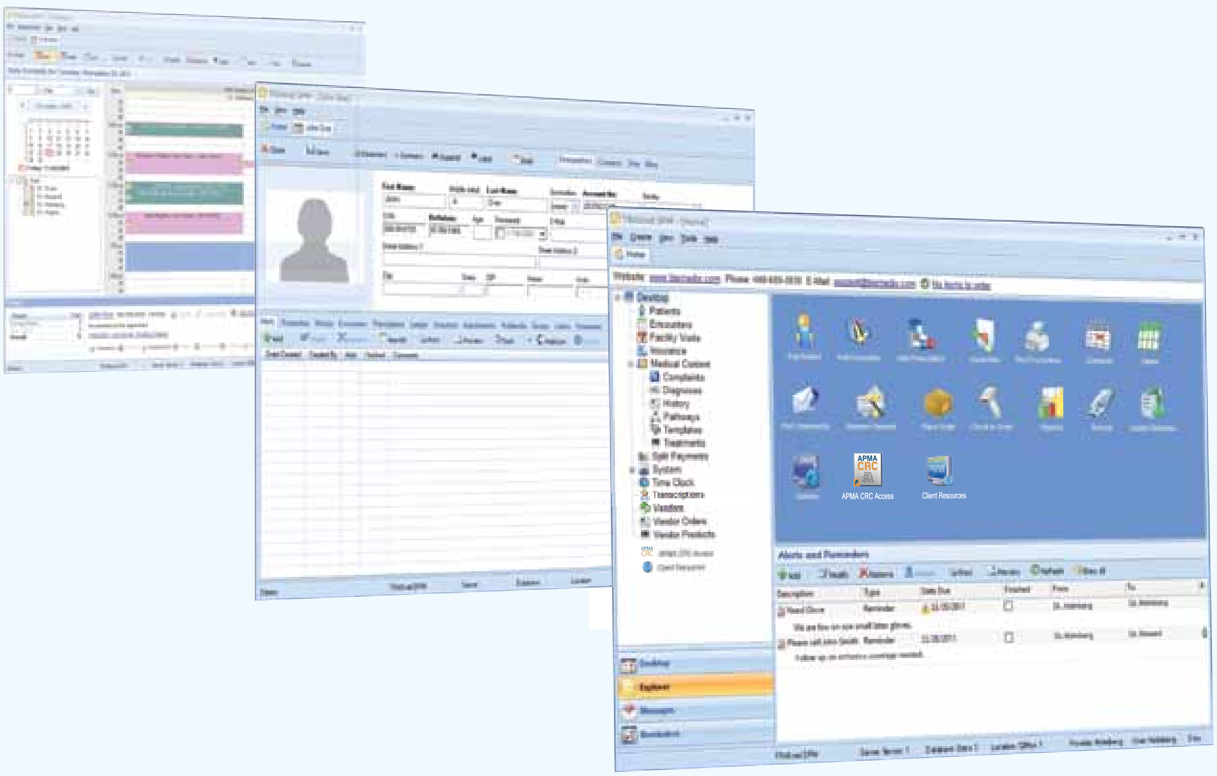
TRAKnet™ PM

Advanced Practice Management Solutions

DPM EDITION



New Release Guide

Your Guide to the Enhancements in the Latest Release of
TRAKnet™ PM – DPM Edition Advanced Practice Management and EHR

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New Release Guide

TRAKnet™ PM
Advanced Practice Management Solutions
DPM EDITION

This is your official guide to the exciting enhancements in the latest software release of TRAKnet™ PM - DPM Edition practice management and EHR.

BioMedix™ is dedicated to supporting the medical community with the best products and services. We are proud to provide the latest release of TRAKnet PM - DPM Edition, featuring several updates that make this all-in-one solution even easier to use.

Some of these changes are behind-the-scenes improvements that will help your software function more quickly, smoothly and efficiently. In this guide, we highlight the top 23 enhancements, including the 5010 Claims format and an added Collection module which allows tracking of patients who are in collections.

We value our customers and take great pride in providing exceptional customer service and support. If technical questions arise regarding this new release, please contact BioMedix Customer Service. Our Customer Service team is pleased to assist you and is available Monday through Friday from 7:00am to 8:00pm and Saturdays from 8:00am to 1:00pm (Central Time), excluding holidays.

For customer support:

Call (888) 889-8997 (toll free) or (651) 762-4010
Fax your inquiries to (651) 762-4014
Email TRAKnetPM@BioMedix.com or TRAKnetDPM@BioMedix.com

We hope you enjoy the latest release of TRAKnet PM - DPM Edition!

Enhancements

1. 5010 Claims Format

With this update, claims will be sent in the new 5010 format. Customers that were required to complete a test file have already been contacted. All other customers will see no change in how claims are submitted and processed.

2. Removing the Rendering Provider from Claims

An option has been added in the Insurance Editor to turn off sending the rendering provider information on electronic claims (Figure 1). This can be set by modifying the insurance from the main list on the Home tab. This option will need to be set to "FALSE" for all DMERC insurances (Payor IDs: 16003, 17003, 18003, 19003); or they will be rejected if rendering provider information is included on the claim.

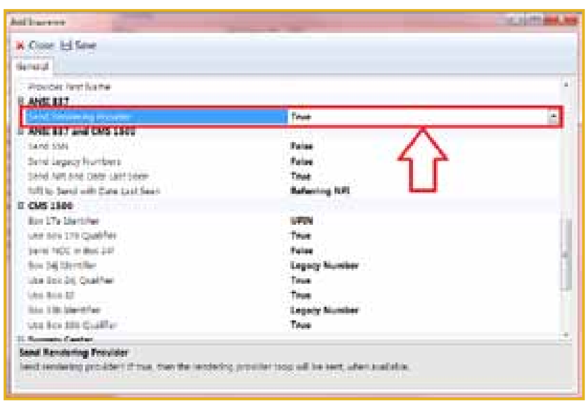

Figure 1 - DMERC Rendering Provider

3. Collections Module

The new Collections module enables tracking of patients who are in collections, as well as methods implemented in order to collect.

Collections Setup

All collections properties are located under the System dropdown from the TRAKnet PM - DPM Edition desktop. These properties are Agencies, Letters and Rules, and can be viewed, added, modified or removed from this screen (Figure 2).

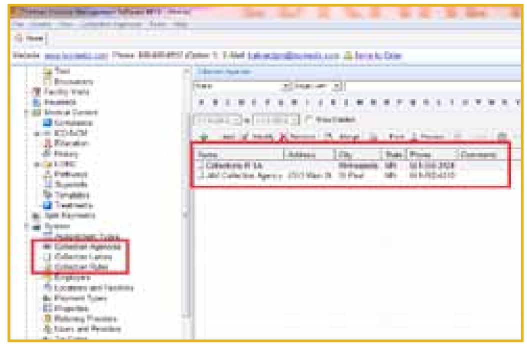

Figure 2 - Collections Setup

Creating an Agency

Agencies that will be handling the collections process can be added in the Collections Agency Editor. A name for the agency is now required. Additional information can be filled in, including address, phone number and email (Figure 3).

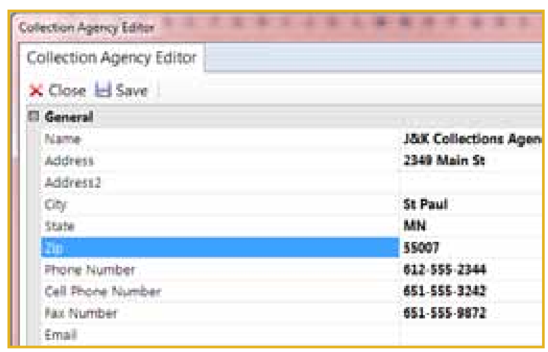

Figure 3 - Creating a Collection Agency

Collection Letters

Templates used for collection letters sent to patients can be managed under Collection Letters. Data fields such as "Patient Name" can be used in this template to auto-fill the letter using a patient's information. The "Insert Data Field" button on the Editor toolbar can be used to display a list of available data fields (Figure 4, next page).

Enhancements

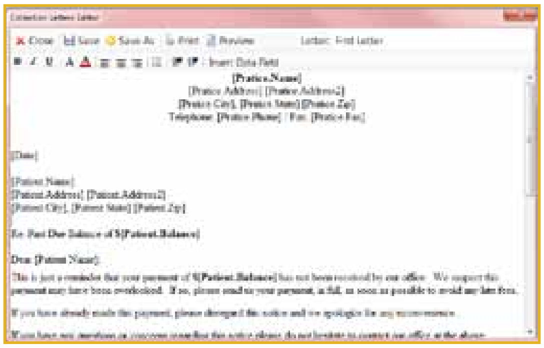

Figure 4 - Creating Collection Letters

Collection Rules

Collection Rules are the actions that will be taken when patients meet the specified criteria. Rules require a name and a method. The method is what type of action will be taken for these patients. Types of actions include phone call, letter, statement or sending patient accounts to a collection agency. For each method, an associated item might also need to be chosen. For instance, if the method is "Letter", a collection letter template and remit address will also need to be selected (Figure 5).

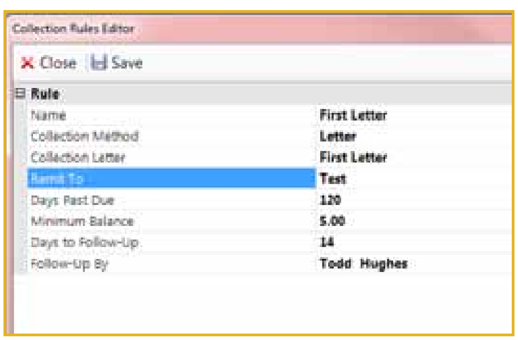

Figure 5 - Creating Collection Rules

A rule can be applied to patients based on the criteria under "Days Past Due" and "Minimum Balance" settings.

The "Days Past Due"setting is the number of days since the oldest outstanding patient-responsible charge that still has a balance.

The rule will apply only to patients whose overall balance is above the amount set in "Minimum Balance".

The bottom of the Collection Rules Editor consists of the follow-up settings. The "Days to Follow-Up" is the number of days after the rule that the follow-up will occur. After the specified number of days have passed, the account status will change from "Follow-Up" to "Action". The person who should complete the follow-up is set under the "Followed-Up By" field.

Patient Collection Setup

Collection settings for a patient will appear under the Billing tab of their chart. The date a patient goes into collections and the date the agency account has been sent can be set in this screen (Figure 6).

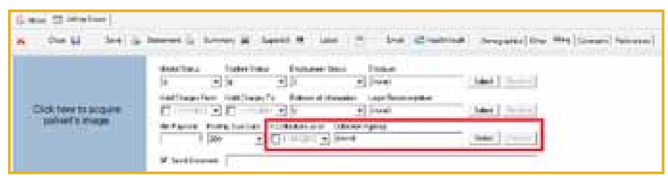

Figure 6 - Patient Collection Setup

Collection Printer Setup

There is a new section in Options called Collections where the printer for collection letters can be set.

Using the Collections Module

The module to run the rules and follow-up on accounts can be accessed via the Desktop or under the "View" menu from the Home tab (Figure 7).

Figure 7 - Accessing Collections

Enhancements

In the collections module, there are three tabs, Action Items, Follow-Up Items and In Collections. Collection rules will be run in the Action Items tab, and accounts that are in "Follow-Up" status will show under the Follow-Up tab (Figure 8). Accounts that are in collections are under the In Collections tab.

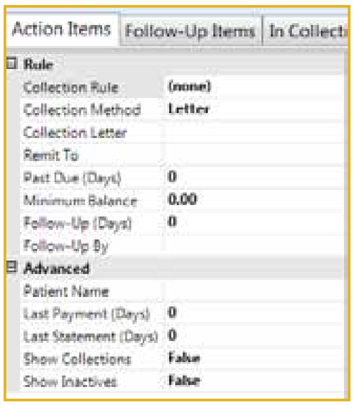

Figure 8 - Action and Follow-Up tabs

Action Items

Under the Action Items tab, a rule can be selected from the Collection Rule section. The parameters of the selected rule will then be filled out below. The parameters can be changed under the Action Items tab, if desired (Figure 9).

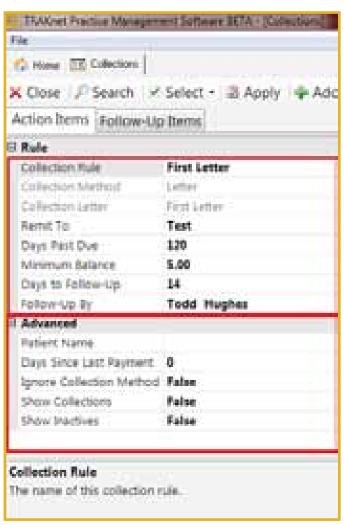

Figure 9 - Selecting Rules and Advanced Filters

Additional parameters can be filled out in the Advanced section. These include:

- Patient Name – Search for a specific patient. This field searches by last name and first name.
- Days Since Last Payment – Only include patients who haven't made a payment in the specified number of days.
- Show Collections – If set to "True", only patients who are in collections will be listed. If "False", all patients will be displayed.
- Show Inactive – If set to "True", patients who have been marked as "Inactive" will be displayed. If "False", they will not be displayed.

Once all desired rule parameters are set, clicking "Search" will produce a list of accounts on the right that meet the rule(s) (Figure 10).

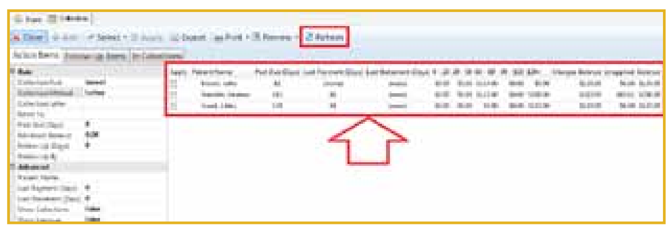

Figure 10 - Collection Rules Results

On this list, account information will be displayed, including:

- Days past due
- Days since last payment
- Days since last statement
- Account balance, aged by days past due
- Outstanding balance on charges
- Current unapplied payment amount
- Overall account balance (charge balance minus unapplied payments)

Accounts will appear under any rule that matches. For instance, an account that is 155 days past due would show under a rule for accounts 150+ days past due as well as 120+ days past due.

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Highlighting an account will display any past actions such as statements, letters or phone calls in the bottom right section of the screen (Figure 11).

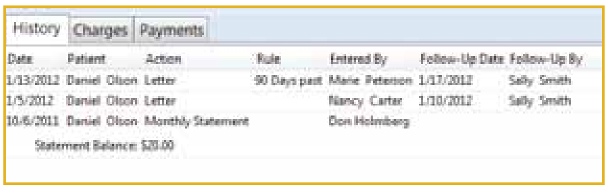

Figure 11 - Past Patient Collection Actions

A link to the account's chart will be displayed in the lower left along with that patient's default collection settings (Figure 12).

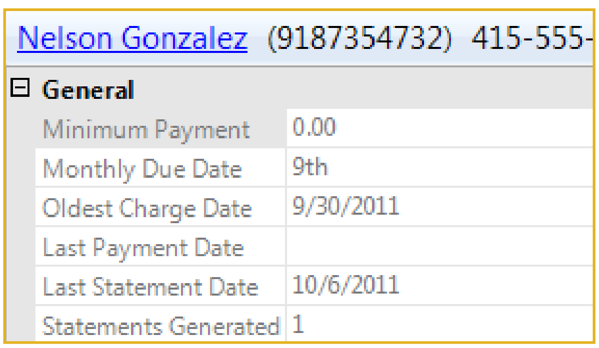

Figure 12 - Patient Detail

Taking Action

Once the list of accounts that match the rule has been reviewed, accounts that need a selected action taken against them should be checked and the "Apply" button selected. The letters will print when the "Apply" button is selected if the rule requires a letter. The statements will print if the rule requires a statement (Figure 13).

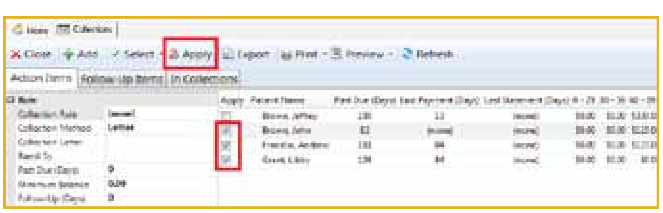

Figure 13 - Printing Statements

No immediate action will be taken if the collection method is a phone call, but the patient's information may be printed or exported from the Follow-Up Items window.

The patient will be marked as being in collections as of the current date if the collection method is a collection agency. The collection agency will also be associated with the patient. If the patient was already marked as being in collections, then the date they went into collections will not change.

Actions may also be made on an individual account. To do so, double-click or highlight the account and click "Add". This will open the Patient Collection Editor, where the rule actions or follow-up parameters can be adjusted (Figure 14).

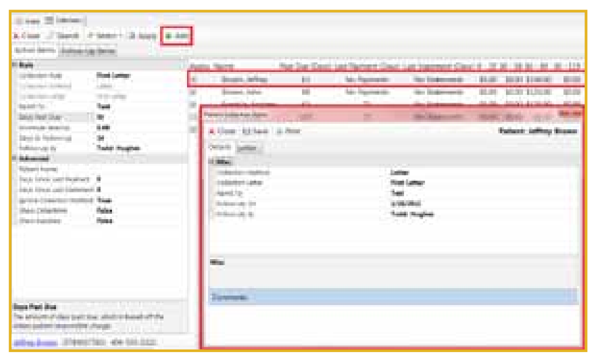

Figure 14 - Taking Action on an Individual Patient Account

The letter template can be viewed and adjusted under the Letter tab if the collection method is a letter. A preview will appear under the Statement tab if the collection method is a statement (Figure 15).

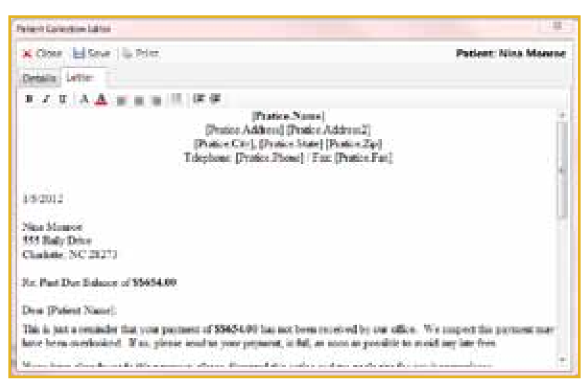

Figure 15 - Collection Letter tab

Enhancements

Clicking "Save" will run the action for this account. If the method is a letter or statement, the associated item will be sent to the printer.

Follow-Up Items

Accounts that have had an action taken against them will be placed under a follow-up period. This will be for the number of days selected for that rule's action. Accounts that are in this follow-up period can be viewed under the Follow-Up tab (Figure 16).

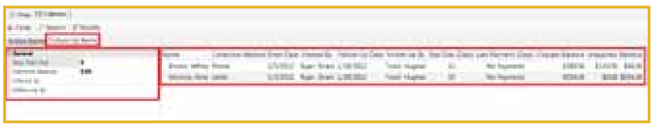

Figure 16 - Collection Follow-Up tab

This list can be filtered by changing the parameters on the left.

To modify the follow-up date or follow-up by date, double-click or highlight the account and click "Modify". Letters or statements may also be reprinted here (Figure 17).

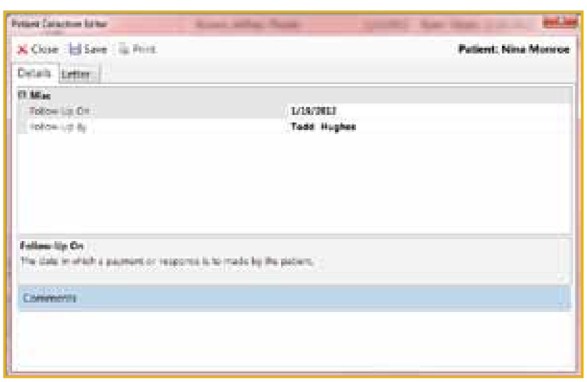

Figure 17 - Modifying a Follow-Up Item

Once the follow-up date has been reached, the account will be moved out of the follow-up section and will again appear under any associated rules.

In Collections

The In Collections tab (Figure 18) is used to track patients that have been moved into collections. This window will display all patients that have been marked as being in collections and can be filtered by date range as well as collection agency.

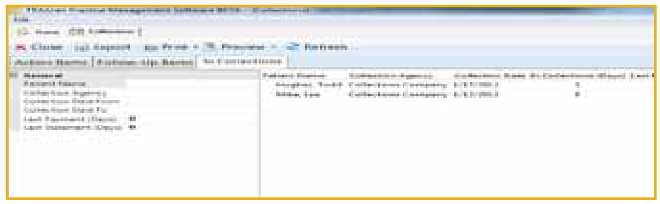

Figure 18 - Collections tab

Printing and Exporting

At the toolbar on the top of the collections module, are options to export, print or preview the items. Exporting will produce a Microsoft® Excel file containing the same information as is displayed on the list.

Printing or Previewing (Figure 19) has three additional options:

- Charges will produce each displayed patient's demographic information as well as their outstanding charge information.
- Summary will produce each patient's demographic information as well as their collection history, payment history and outstanding charge information.
- List will produce the list exactly as it is displayed.

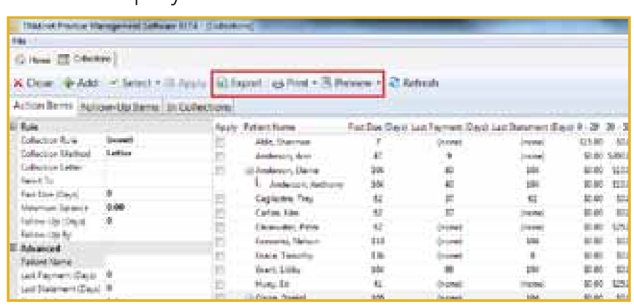

Figure 19 - Printing and Exporting

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Enhancements

4. Referral Authorizations

More than one authorization number can now be stored for a patient. Any authorizations entered prior to updating will be converted over to this new system. The Referring tab above the patient demographics has been removed. The Referring Physician box moved to the Other tab, and a new Referral Authorizations section has been added to the patient tree under Billing (Figure 20).

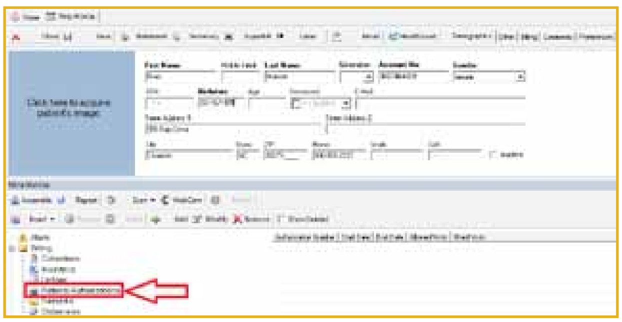

Figure 20 - Referral Authorizations Table

Authorizations can be added, modified or removed here. Clicking "Add" will open the Add Patient Referral Authorization window. One of the patient's insurances must be associated with this authorization. An authorization number and a start and end date are also required. The number of allowed visits for this authorization can be set (Figure 21).

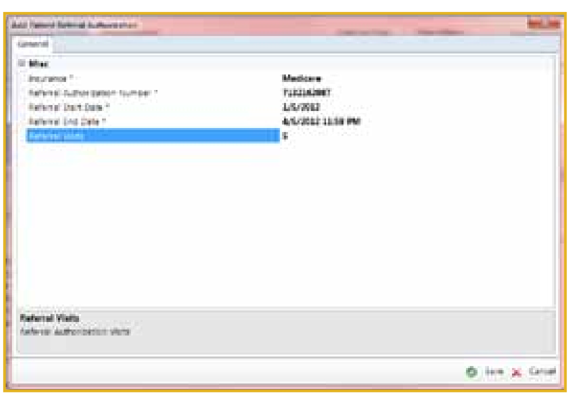

Figure 21 - Adding a Referral Authorization

Any existing authorizations may be modified and associated with certain treatment codes. A Treatment tab will appear at the top of the Referral Authorization window where one or more treatment codes can be added. When a treatment code is associated with a referral authorization, this authorization number will only be available in claim details when the treatment code has been added onto the invoice (Figure 22).

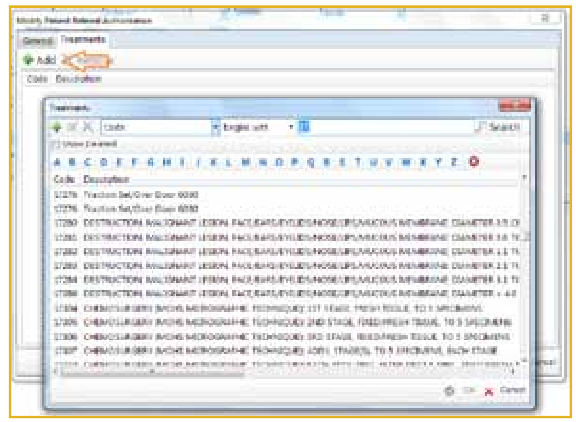

Figure 22 - Adding Treatment Codes to a Referral Authorization

The Prior Authorization Number box in Claim Details is now a dropdown that will display any active referral numbers to choose from (Figure 23). When used in an encounter, an authorization number will be marked as used and appear in the patient's tree under Used vs. Allowed number of visits.

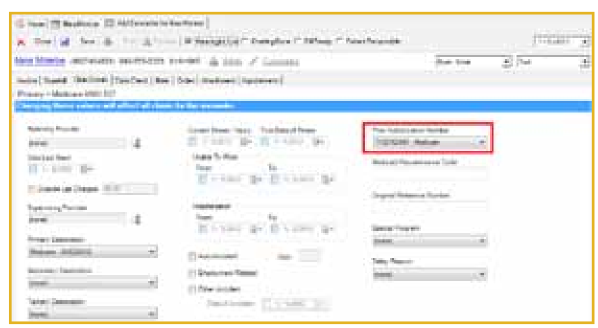

Figure 23 - Adding an Authorization to a Claim

When an authorization is linked to a treatment code, the number deducted from the referral visit total is calculated based on the total quantity of each treatment on the invoice. For example, two instances of the referral visits are deducted when the linked code is added to the invoice with a quantity of two.

Enhancements

5. Pop-up Alerts & Reminders

Patient alerts or reminders can be set as pop-ups. To set up the pop-up for an alert or a reminder, check the box labeled "Pop-Up" as the alert is being created (Figure 24).

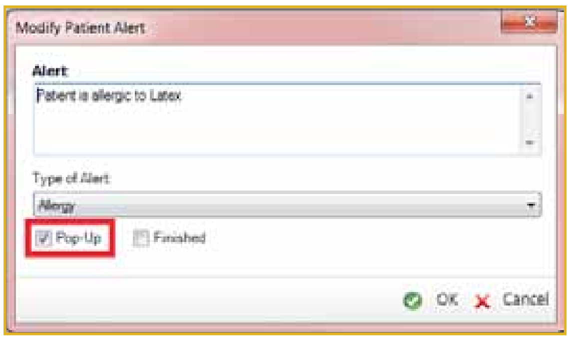

Figure 24 - Adding a Pop-up to an Alert

Whenever a patient has a pop-up alert, that alert will appear immediately upon selecting that patient for an appointment in the scheduler, opening their chart or opening their encounter (Figure 25). This option could be used on specific alerts that require immediate notification or attention, such as a patient allergy.

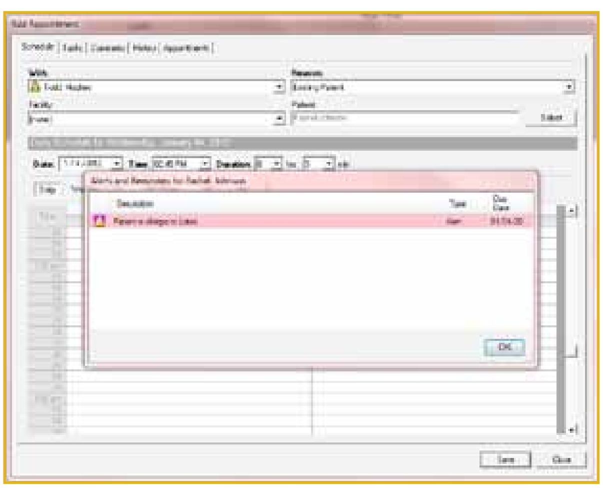

Figure 25 - Pop-up Alert From Scheduler

The option to have the pop-up effect disabled in the scheduler can be set in the Scheduler section of the options under "Pop Up Alerts & Reminders" (Figure 26).

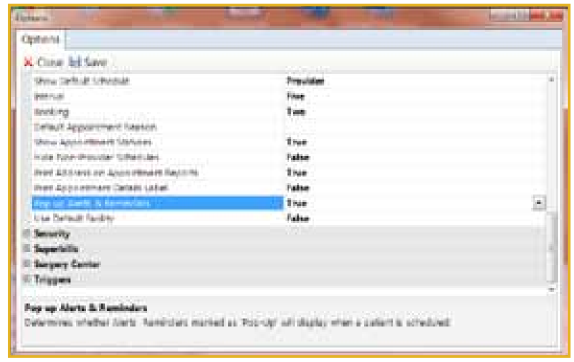

Figure 26 - Disabling Pop-ups for the Scheduler

6. Detailed Meaningful Use Report

The meaningful use report now has a detailed view that displays which patients are making up the measure statistics (Figure 27).

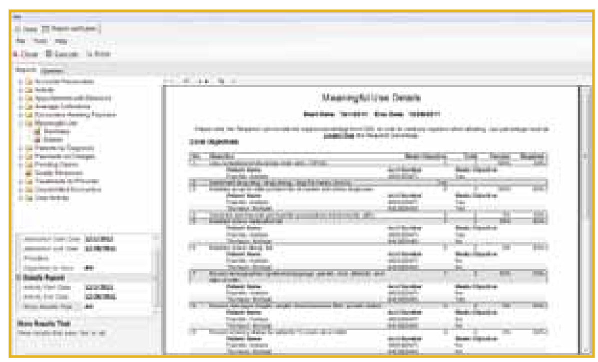

Figure 27 - Detailed Meaningful Use Report

The date that will be used for attesting should be set in the top portion of the filters. The bottom portion applies only to the detailed view of the report, not the summary. Setting the Activity Start and End Dates will display each measure, as well as the patients or encounters that are making up the numerator and/or denominator. Each patient/encounter will be displayed along with whether or not they are meeting that objective. There are additional filters to display only a certain object, only those that pass/fail or everyone.

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Enhancements

7. Activity Reports by Date Created

The Activity Summary and Details reports and the User Activity Summary and Details reports now have the option to be viewed by date created instead of transaction date. When setting the Date Filter to Date Created, the report will show any charges, payments or adjustments that were entered into the system over the selected date range regardless of the specified transaction date (Figure 28).

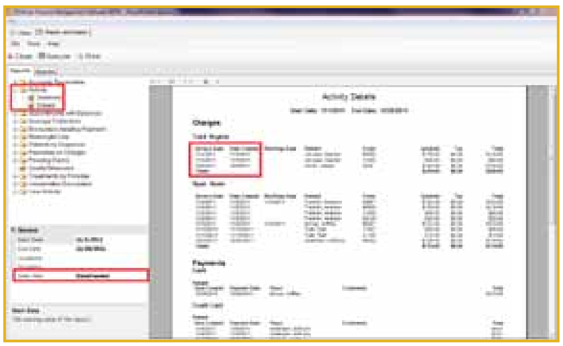

Figure 28 - Activity Report by Date Created

8. Sorting Option for User Activity Details Report

The User Activity Details report has been redesigned to group items by transaction type. This report will now list all of the charges and payments separately, with totals under each one (Figure 29).

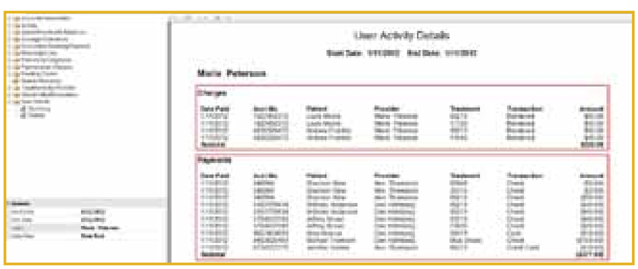

Figure 29 - User Activity Details

9. Offline Upload Confirmation & Backup

A new warning has been added when going offline and copying data. If there is an existing offline database that has not yet been uploaded, the warning states that continuing to copy data will erase anything that has not been uploaded. Clicking "Yes" will overwrite the current offline database and any previous changes will be lost. Clicking "No" will go to the current offline database that can then be uploaded (Figure 30).

Figure 30 - Offline Upload Warning

The option to back up the offline database before uploading has also been added. Checking this box will make a backup before it attempts to upload (Figure 31).

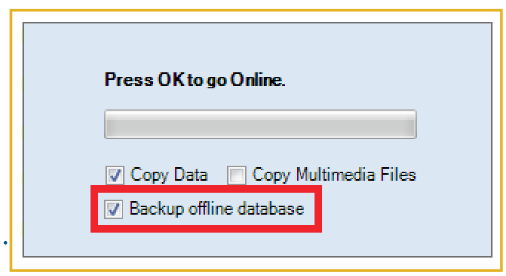

Figure 31 - Offline Backup Warning

10. Allergy Drug Classes

The 10 most used allergies will now have preset drug classes (Figure 32).

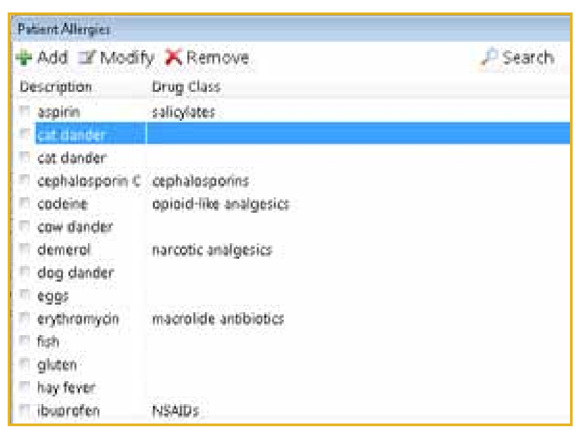

Figure 32 - Patient Allergies

Enhancements

11. Billing Remarks Section

A new section in the patient's chart has been added to store billing notes. Under the Billing folder of the patient's tree is a "Remarks" section. Individual notes may be added and stored in here (Figure 33).

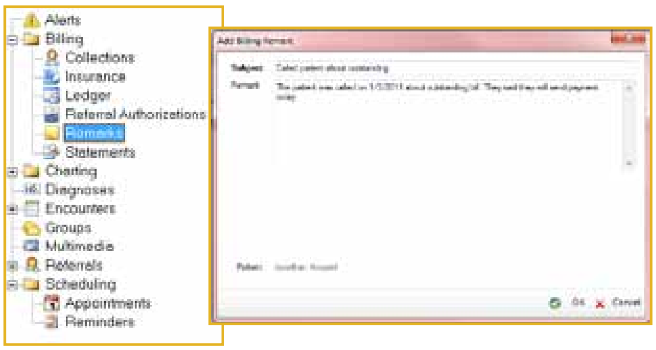

Figure 33 - Billing Remarks

12. Patient Insurance Sequencing

There is a new box at the top of the Patient Insurance Editor to set the insurance sequence. This is required when adding a new patient insurance entry. This can be set to Primary, Secondary, Tertiary or None. Existing patient insurance entries can still be changed using the dropdowns on the right side of the patient chart (Figure 34).

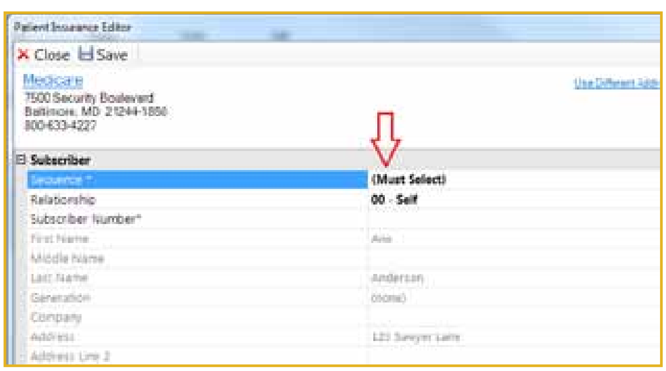

Figure 34 - Patient Insurance Sequencing

13. New Patient Edit Window Required Items

Required fields in the New Patient Editor window in the Scheduler are indicated with an asterisk (*) (Figure 35).

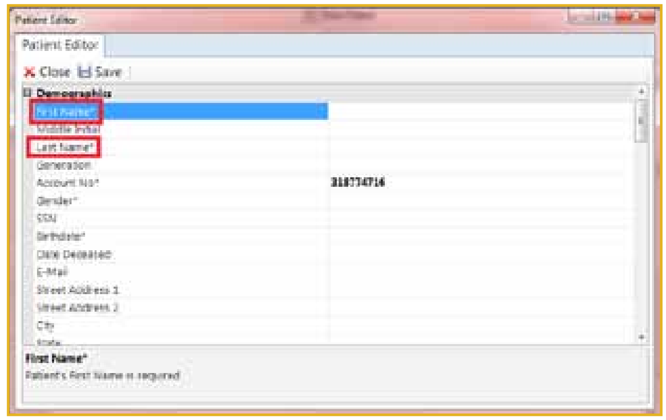

Figure 35 - New Patient Editor

14. Provider or Practice Information Will Now Be Sent for Eligibility Checks

When sending an eligibility check request, the provider's information will now be sent as well. This is required in 5010.

Specific information can be entered in at the insurance level if necessary. This includes an NPI, Practice Name or Provider First and Last Name. Either Practice Name or Provider Name should be used, not both (Figure 36).

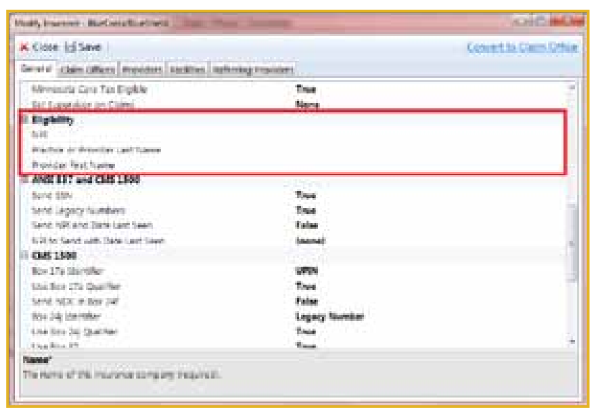

Figure 36 - Patient Eligibility

TRAKnet™ PM - DPM Edition will use the provider information chosen during login if there are no insurance overrides entered. TRAKnet PM - DPM Edition will use the practice information in the My Practice section of Options if no provider was chosen during login.

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Enhancements

15. Desktop Icon for Unapplied Payments

There is now a shortcut icon on the desktop for easy access to the Unapplied Payments window (Figure 37).

Figure 37 - Unapplied Payment Report Icon

16. Simplified Splitting of Deposit Payments

A button has been added to the Single Payment window (deposits) to split the payment across multiple charges. In order to split up the payment, the Related Charge must be set to "None". Clicking the "Split Payment" button at the bottom of the Modify Payment window will convert the deposit payment into a split payment.This opens Step 3 of the Payment Wizard where the payment can be applied across multiple charges or to charges on a different date of service (Figure 38).

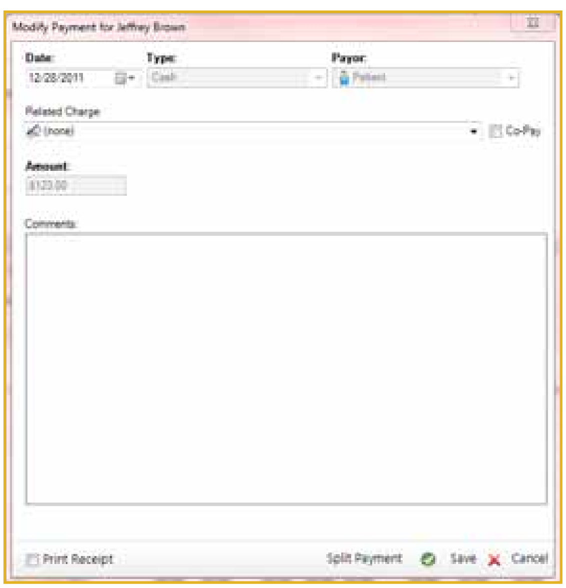

Figure 38 - Splitting of Deposit Payments

17. Modifying an Encounter from Payment Wizard Goes to Invoice

When modifying an Encounter from the Payment Wizard, TRAKnet PM - DPM Edition will now go straight to the Invoice tab of the Encounter.

18. Encounters Created While Performing a Refund Will Have the Meaningful Use Box Unchecked

When creating a refund from an unapplied payment, the Encounter generated has the Meaningful Use box unchecked.

19. Claims Received Views Renamed

The "Claims Received - Processed" and "Claims Received - Not Processed" view within the Claims window have been renamed to "Remits Received - Processed" and "Remits Received - Not Processed", respectively, to better indicate what is in these views (Figure 39).

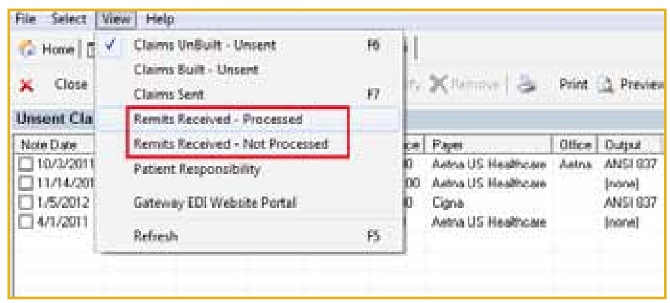

Figure 39 - Remits Received – Processed

20. Treatment Description Will Be Sent Electronically Along with Code

The treatment description will be sent on electronic claims for every code. This will ensure there are no denials for non-specific treatments.

21. Change with DME Treatments

Previously, all treatments that had a DME code associated with it were required to have a rental price and frequency entered . This is no longer the case; any treatment that does not have a rental price entered will be sent with just the purchase price. Rental price and frequency may be added if the treatment is rented.

Enhancements

22. Patient Name Order in the Unapplied Payments Report and Claims Window

The patient's last name will appear first on the Unapplied Payment report (Figure 40) and the Claims window (Figure 41).

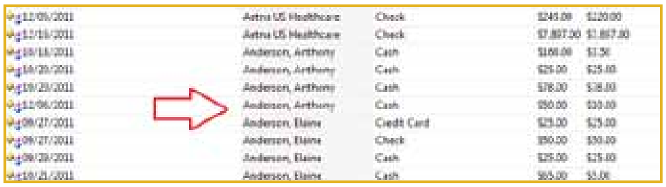

Figure 40 - Unapplied Payment Report

Note Date	Last Name	First Name	Charges
10/3/2011	Anderson	Elaine	$55.00
11/14/2011	Van	Courtney	$125.00
1/5/2012	Anderson	Ann	$65.00
4/1/2011	John	Marco	$85.00

Figure 41 - Claims Window

23. Windows Remember Sorting

If columns on a window (Claims and Home) are sorted and then the tab is abandoned, returning to that tab will not cause the order of those items to change.

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Some features listed in this document may not be available in your version of TRAKnet PM - DPM Edition.

This Complete EHR is 2011/2012 compliant and has been certified by the Certification Commission for Health Information Technology (CCHIT®), an ONC-ATCB, in accordance with the applicable certification criteria for Eligible Providers adopted by the Secretary of Health and Human Services. This certification does not represent an endorsement by the U.S. Department of Health and Human Services or guarantee the receipt of incentive payments. Vendor Name: BioMedix; Date Certified: 10/28/2010; Product Version: TRAKnet Practice Management Software 2.0; Unique Certification ID: CC-1112-101360-2. Clinical Quality Measurements: The clinical quality measures to which the Complete EHR has been certified include: NQF 0013 Hypertension: Blood Pressure Measurement; NQF 0024 Weight Assessment and Counseling; NQF 0028 Tobacco Use Assessment and Cessation; NQF 0038 Childhood Immunization Status; NQF 0041 Influenza Immunization; NQF 0056 Diabetes: Foot Exam; NQF 0059 Diabetes: Hemoglobin A1c Poor Control; NQF 0061 Diabetes: BP Management; NQF 0421 Adult Weight Screening & Follow-Up.